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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/524,342
Filing Date	July 13, 2005
First Named Inventor	Bradley Parker
Art Unit	2854
Examiner Name	
Attorney Docket Number	0521.74653

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

24978

☐ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:

24978

OR☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Date

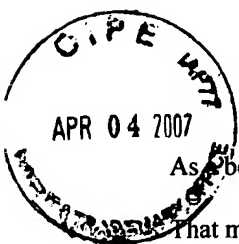
Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



DECLARATION AND POWER OF ATTORNEY

As below named inventor, I hereby declare:

That my residence, post office address and citizenship are as stated below next to my name.

That I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR LASER MARKING OF EGGS

the specification of which (check one)

☐ is attached hereto.

☒ was filed on 1/12/2004 as
Application Serial No. PCT/US2004/000633
and was amended on _____
(if applicable)
was filed on 7/13/2005 as
Application Serial No. 10/542,324

That I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

That I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

That I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate on this invention having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

			Priority Claimed	
			<input type="checkbox"/>	<input type="checkbox"/>
			Yes	No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	Yes	No
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/>	<input type="checkbox"/>
_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	Yes	No

That I hereby claim the benefit under Title 35, United States Code, §119 and/or §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

United States Application(s)

<u>60/440,273</u> (Application Serial No.)	<u>1/15/2003</u> (Filing Date)	<u>Provisional</u> (Status)-(Patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status)-(Patented, pending, abandoned)
_____ (Application Serial No.)	_____ (Filing Date)	_____ (Status)-(Patented, pending, abandoned)

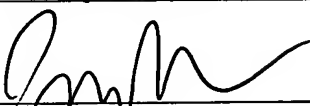
That all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

I hereby appoint the following attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith and request that all correspondence and telephone calls in respect to this application be directed to GREER, BURNS & CRAIN, LTD., 300 South Wacker Drive, Suite 2500, Chicago, Illinois 60606, Telephone No. (312) 360-0080:

Practitioners associated with the Customer Number: 24978

I hereby grant the above-named attorneys the right to insert the application Serial Number in the appropriate place on this document, once such number has been assigned from the United States Patent and Trademark Office.

Full name of sole or one joint inventor: Bradley E. Parker

Inventor's signature: 

Date: 3/29/07

Residence and Post Office Address: 9 Clinton Road

Glen Ridge, NJ 07028

Citizenship: US

Full name of additional joint inventor, if any: _____

Inventor's signature: _____

Date: _____

Residence and Post Office Address: _____

Citizenship: _____

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